

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ICE PAC

ADDRESS (number and street)

PO Box 752

☐ Check if different
than previously
reported. (ACC)

Long Lake

MN

55356

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00484667

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

MN

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Reid Lebeau

Signature of Treasurer

Reid Lebeau

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

21

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ICE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y Y
11		24		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5"></td><td>34882.90</td></tr></table>						34882.90
Y	Y	Y	Y	Y														
2014																		
					34882.90													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>4347.77</td></tr></table>						4347.77											
					4347.77													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>39500.00</td></tr></table>						39500.00	<table><tr><td colspan="5"></td><td>151700.00</td></tr></table>						151700.00				
					39500.00													
					151700.00													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>43847.77</td></tr></table>						43847.77	<table><tr><td colspan="5"></td><td>186582.90</td></tr></table>						186582.90				
					43847.77													
					186582.90													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>38163.10</td></tr></table>						38163.10	<table><tr><td colspan="5"></td><td>180898.23</td></tr></table>						180898.23				
					38163.10													
					180898.23													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>5684.67</td></tr></table>						5684.67	<table><tr><td colspan="5"></td><td>5684.67</td></tr></table>						5684.67				
					5684.67													
					5684.67													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ICE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

21000.00

61600.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

21000.00

61600.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

9500.00

81100.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

30500.00

142700.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

9000.00

9000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

39500.00

151700.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

39500.00

151700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	172000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5163.10	8898.23
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38163.10	180898.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38163.10	180898.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30500.00	142700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30500.00	142700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. BARBARA COASSACK

Mailing Address 5 HIGHPOINT ROAD

City State Zip Code
DELLWOOD MN 55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period

5000.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

B. STEVE COASSACK

Mailing Address 5 HIGHPOINT ROAD

City State Zip Code
DELLWOOD MN 55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Priority Courier

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period

5000.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

C. WARREN HERREID

Mailing Address 4305 TRILLIUM WAY

City State Zip Code
MINNETRISTA MN 55364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period

5000.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. Jeannine M. Rivet

Mailing Address 4305 Trillium Way

City

Minnetrista

State

MN

Zip Code

55364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period

5000.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

B. Charles Spevacek

Mailing Address 27865 Brynmawr Place

City

Shorewood

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meagher & Geer

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period

1000.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

21000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. CHICKASAW NATION

Mailing Address 520 E. ARLINGTON

City State Zip Code
ADA OK 74820

FEC ID number of contributing
federal political committee.

C C90007923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / **28** / **2014**

Transaction ID : SA11C.5203

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW
Suite 500 West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / **24** / **2014**

Transaction ID : SA11C.5173

Amount of Each Receipt this Period

2000.00

Contributions

Full Name (Last, First, Middle Initial)

C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BLVD
SUITE 1500

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / **28** / **2014**

Transaction ID : SA11C.5174

Amount of Each Receipt this Period

5000.00

Contributions

SUBTOTAL of Receipts This Page (optional)..... ►

9500.00

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City State Zip Code
 EAST MOLINE IL 61244

FEC ID number of contributing
federal political committee.

C C00459354

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA16.5193

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CARL DEMAIIO FOR CONGRESS

Mailing Address PO BOX 27227

City State Zip Code
 SAN DIEGO CA 92198

FEC ID number of contributing
federal political committee.

C C00545384

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA16.5188

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City State Zip Code
 HUNTINGTON WV 25711

FEC ID number of contributing
federal political committee.

C C00548271

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA16.5197

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City

MURPHYSBORO

State

IL

Zip Code

62966

FEC ID number of contributing
federal political committee.

C

C00546499

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA16.5191

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. NESTANDE FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City

SACRAMENTO

State

CA

Zip Code

95833

FEC ID number of contributing
federal political committee.

C

C00543660

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA16.5187

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. OSE FOR CONGRESS

Mailing Address 9321 Silverbend Lane

City

Elk Grove

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

C00444836

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA16.5202

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. RICK W. ALLEN FOR CONGRESS

Mailing Address P. O. BOX 338

City State Zip Code
AUGUSTA GA 30903

FEC ID number of contributing
federal political committee.

C C00504019

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **31** / **2014**

Transaction ID : SA16.5190

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City State Zip Code
WEST CHESTER PA 19381

FEC ID number of contributing
federal political committee.

C C00554899

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **31** / **2014**

Transaction ID : SA16.5196

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SENGER FOR CONGRESS

Mailing Address PO BOX 4883

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C C00544734

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **31** / **2014**

Transaction ID : SA16.5194

Amount of Each Receipt this Period

1000.00

REFUND OF CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. BLUM FOR CONGRESS

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE	State IA	Zip Code 52001
-----------------	-------------	-------------------

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5152

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City EAST MOLINE	State IL	Zip Code 61244
---------------------	-------------	-------------------

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 17

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5148

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CARL DEMAIO FOR CONGRESS

Mailing Address PO BOX 27227

City SAN DIEGO	State CA	Zip Code 92198
-------------------	-------------	-------------------

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 52

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5162

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. FRENCH HILL FOR ARKANSAS

Mailing Address PO BOX 7841

City	State	Zip Code
LITTLE ROCK	AR	72217

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5142

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5213

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GARCIA FOR CONGRESSMailing Address 400 SOUTH ZANG BOULEVARD
SUITE 600

City	State	Zip Code
DALLAS	TX	75208

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 33

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5143

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City	State	Zip Code
FOND DU LAC	WI	54964

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5153

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GOREL FOR CONGRESS

Mailing Address 1305 DEL NORTE ROAD SUITE 105

City	State	Zip Code
CAMARILLO	CA	93010

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 26

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5140

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement
contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5138

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5151

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5155

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City	State	Zip Code
MURPHYSBORO	IL	62966

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 12

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5158

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. MILLER-MEEKS FOR CONGRESS

Mailing Address 11674-90TH ST

City	State	Zip Code
OTTUMWA	IA	52501

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5156

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NESTANDE FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 36

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5161

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. OSE FOR CONGRESS

Mailing Address 9321 Silverbend Lane

City	State	Zip Code
Elk Grove	CA	95624

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 04

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB23.5164

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. POLIQUIN FOR CONGRESS

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement
Contributions

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB23.5154

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF MN--FEDERAL ACCOUNT

Mailing Address 525 PARK STREET
#250

City ST. PAUL State MN Zip Code 55103-2145

Purpose of Disbursement
Contributions

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB23.5159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICK W. ALLEN FOR CONGRESS

Mailing Address P. O. BOX 338

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement
Contributions

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB23.5150

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City	State	Zip Code
WEST CHESTER	PA	19381

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB23.5163

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SENER FOR CONGRESS

Mailing Address PO BOX 4883

City	State	Zip Code
NAPERVILLE	IL	60567

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 11

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB23.5160

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City	State	Zip Code
SHIRLEY	NY	11967

Purpose of Disbursement
contributions

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.5141

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

33000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. Intuit Quickbooks

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94093

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SB29.5146

Amount of Each Disbursement this Period

340.50

Full Name (Last, First, Middle Initial)

B. Intuit Quickbooks

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94093

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB29.5200

Amount of Each Disbursement this Period

340.50

Full Name (Last, First, Middle Initial)

C. Shanna Woodbury Consulting, LLC

Mailing Address P.O. Box 120697

City	State	Zip Code
St. Paul	MN	55112

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : SB29.5220

Amount of Each Disbursement this Period

4100.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4781.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ICE PAC

Full Name (Last, First, Middle Initial)

A. Townsend Group

Mailing Address 1006 Pendleton Street

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Fundraising Expense: Food & Beverages

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2014

Transaction ID : SB29.5165

Amount of Each Disbursement this Period

382.10

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

382.10

5163.10
